

No. 300
10-48

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32217**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2158**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) 6243 Julian Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Res. 6243 Julian Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) CORA	b. (Middle) L.	c. (Last) MILLS	4. DATE OF DEATH (Month) (Day) (Year) September 10, 1950
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec. 5, 1876	9. AGE (In years last birthday) 73	# OVER 1 YEAR Months	# OVER 6 HRS. Days	# OVER 1 MIN. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Sulphur Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mark H. Mills
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Mae Cohn	ADDRESS 6243 Julian Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo. 151X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Senility -		

19a. DATE OF OPERATION 6/3/50	19b. MAJOR FINDINGS OF OPERATION Cancer of Stomach	20. AUTOPSY? 151X
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1	21b. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6/1, 1950** to **9/10, 1950**, that I last saw the deceased alive on **9/11, 1950**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jesse O'Reilly M.D.	(Degree or title)	23b. ADDRESS 6125-9 Burton Ave.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Sept. 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 9-11-50	REGISTRAR'S SIGNATURE Berbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Edward J. ...	ADDRESS 6175 Delmar Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Pierce Reilly

6125a Bartmer

225187

10toll Daily
2 to 4 Monday

OCT 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.